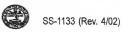
# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

|  | or Single-Car                                      |                                   |   | FC3  |                            |
|--|--|-----------------------------------|---|--|----------------------------|
| 1. DATE OF REPORT  | 2.a. NAME OF C                                     |                                   |   |  |                            |
| 10.10.10   | Citizen  | e5 1                              | Long                                      |  |                            |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE   |  |                                   | ct Caleb                                  | 3. ELECTION DATE                                 |                            |
| Long Hamilton Cty:   | School Bo  | ard                               |   | 8.5.1  | 0                          |
| 4.a. CAMPAIGN ADDRESS AND PHONE  |  |                                   |   |  |                            |
| Street or Rural Route  | City   |                                   | State                                     | Zip Code   | Phone                      |
| 12309 Apison Pike  | Apison   |                                   | 110                                       | 37302  | 443.5627                   |
| 4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route  | ent than 4.a.)<br>City                             |                                   | State                                     | Zip Code   | Phone                      |
| 5. OFFICE SOUGHT (include district number  | , if applicable)                                   | 6. NAME                           | OF POLITICAL                              | TREASURER (may be                                | candidate)                 |
| District 9 School  | Board  |                                   | /1 . :                                    | Long   | ,                          |
| 7. CATEGORY OR REPORT (Check one)  FIRST SECOND THIRD  | FOURTH   | PRE-                              | PRE-                                      | ☐<br>MID-YEAR                                    | YEAR-END                   |
| QUARTER QUARTER QUARTE  8.a. BEGINNING DATE OF REPORTING PERIOD  | R QUARTER  | PRIMARY                           | GENERAL                                   | SUPPLEMENTAL                                     | SUPPLEMENTAL               |
| 7-26.10  |  | 8.D. ENDIN                        | GDATE OF REPO                             |  |                            |
| 9. (Check one)   |  |                                   |   |  |                            |
| a. This campaign is exempt from deta<br>tures total \$1,000 or less for this re  | iled disclosure becau<br>porting period. (Com      | se contribution<br>plete items 12 | ns (including in-ki<br>d., 12e. and 12f.) | nd) received total \$1,00                        | 00 or less AND expendi-    |
| b. This campaign is required to file a and/or expenditures total more than   | detailed financial disc<br>n \$1,000 for this repo | losure because                    | e contributions (in                       | ncluding in-kind) receive                        | ed total more than \$1,000 |
|  |  |                                   |   |  |                            |
| I/we do solemnly swear or affirm that the accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/w benefit of the candidate or for any other recommendate.   | itions and expenditure<br>re swear or affirm that  | es required to<br>t no campaign   | be reported by the contributions has      | ne candidate committee<br>ve been expended for t | by the Campaign            |
| signature of candidate   | <u>/0 /0 /</u> (<br>date                           | 0 _                               | signature o                               | of political treasurer                           | 10-10-10<br>date           |
| 11. WITNESS SIGNATURE  | ,  |                                   |   |  |                            |
| Burda / Cella  | 10-11-10   | ,                                 |   |  |                            |
| signature of witness   | date   | _                                 | signa                                     | ture of witness                                  | date                       |
| 12. SUMMARY  |  | 1                                 | . 11                                      |  |                            |
| a. BALANCE ON HAND LAST REPORT.  |  |                                   |   | \$173. 2   |                            |
| b. TOTAL RECEIPTS THIS PERIOD  |  |                                   |   | \$ 825.4   | \$ 825.00                  |
| c. TOTAL DISBURSEMENTS THIS PERIO  | D  |                                   |   | \$ 994 00  | 994.45                     |
| d. BALANCE ON HAND (12.a. plus 12.b  | . minus 12.c.)                                     |                                   |   |  | 3.76                       |
| e. TOTAL LOANS OUTSTANDING   | U:Ulha cili  | לחוח חוח                          | ,   |  | \$                         |
| f. TOTAL OBLIGATIONS OUTSTANDING   | MOISSIMME  | 9                                 |   |  | \$                         |
| A STATE OF THE STA | MILTON CO.   | ψH                                | -   | <del></del>                                      |                            |

### SUMMARY PAGE - CANDIDATE

| 13. NAME OF CANDIDATE OR COMMITTEE (In Full)  |                  | 14. REPORT C          | OVERING THE PERIOD |  |  |  |  |
|---|------------------|-----------------------|--------------------|--|--|--|--|
|   |                  | FROM:                 | TO:                |  |  |  |  |
| RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)                            |                  |                       |                    |  |  |  |  |
| a. Unitemized Contributions (\$100 or less from each source this p                    |                  |                       |                    |  |  |  |  |
| b. Itemized Contributions (over \$100 from each source this period                    |                  |                       |                    |  |  |  |  |
| c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 1                          | \$               |                       |                    |  |  |  |  |
| 16. LOANS RECEIVED THIS REPORTING PERIOD  | \$               |                       |                    |  |  |  |  |
| 17. INTEREST RECEIVED THIS REPORTING PERIOD   | \$               |                       |                    |  |  |  |  |
| 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in ite                    | m 12.b.)         |                       | \$                 |  |  |  |  |
| DISBURSEMENTS   |                  |                       |                    |  |  |  |  |
| 19. EXPENDITURES (other than loan payments)   |                  |                       |                    |  |  |  |  |
| a. Expenditures (\$100 or less each payee this period) (must be liste                 | d by category -  | e.g., printing, posta | age, gasoline)     |  |  |  |  |
|   | \$               |                       |                    |  |  |  |  |
|   | \$               |                       |                    |  |  |  |  |
|   | \$               |                       |                    |  |  |  |  |
|   | \$               |                       |                    |  |  |  |  |
|   | \$               |                       |                    |  |  |  |  |
|   | \$               |                       |                    |  |  |  |  |
|   | \$               |                       |                    |  |  |  |  |
|   | \$               |                       |                    |  |  |  |  |
|   | ¢                |                       |                    |  |  |  |  |
|   | Ψ                |                       |                    |  |  |  |  |
| Total of Expenditures (\$100 or less each payee)                                      |                  | \$                    |                    |  |  |  |  |
| b. Itemized Expenditures (Over \$100 each payee this period)                          |                  | \$                    |                    |  |  |  |  |
| c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a.                          | and 19.b.)       |                       | \$                 |  |  |  |  |
| 20. LOAN REPAYMENTS MADE THIS PERIOD  |                  |                       | \$                 |  |  |  |  |
| 21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in                         | item 12.c.)      |                       | \$                 |  |  |  |  |
| 22.IN-KIND CONTRIBUTIONS  |                  | *                     |                    |  |  |  |  |
| a. Unitemized in-kind contributions (\$100 or less from each source to                | nis period)      | \$                    |                    |  |  |  |  |
| B. Itemized in-kind contributions (over \$100 from each source this pe                | eriod)           | \$                    |                    |  |  |  |  |
| c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (ac                               | dd 22.a. and 22. | b.)                   | \$                 |  |  |  |  |
| 23. OBLIGATIONS   |                  |                       |                    |  |  |  |  |
| a. Unitemized Obligations Outstanding (\$100 or less each)                            |                  | \$                    |                    |  |  |  |  |
| b. Itemized Obligations Outstanding (Over \$100 each)                                 |                  | \$                    |                    |  |  |  |  |
| c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$ |                  |                       |                    |  |  |  |  |



Page \_\_\_\_\_ of \_\_\_

### **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

| NAME OF CANDIDATE OR COMMITTEE   | RING THE PERIOD                         |   |  |  |   |  |
|--|---|---|--|--|---|--|
|  | TO:                                     |   |  |  |   |  |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT   | Amount                                  |   |  |  |   |  |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EA   |   |   |  | -  | -)  |  |
| First Name   | Middle Nam                              | Block Brown Block and a to the first the said | Contribution Received For:   | Amount of Contribution   |   |  |
| Last Name/Organization Name  |   |   | ☐ Primary Election ☐   | General Election   |   |  |
| Address  |   |   | Runoff (Local Election   | s Only)  |   |  |
| City   | State                                   | Zip Code                                      | Date of Contribution   | Date of Contribution   |   |  |
| Occupation   |   |   |  |  |   |  |
| Employer   | *************************************** |   |  |  |   |  |
|  |   |   |  |  |   |  |
| First Name   | Middle Nam                              | ne  | Contribution Received For:   |  | Amount of Contribution                          |  |
| Last Name/Organization Name  |   |   | Primary Election   | General Election   |   |  |
| Address  |   | **************************************        | Runoff (Local Election   | as Only)   |   |  |
| City   | State                                   | Zip Code                                      | Date of Contribution   |  | Aggregate This Election                         |  |
| Occupation   |   |   |  |  |   |  |
| Employer   |   |   |  |  | ,   |  |
|  |   |   |  |  |   |  |
|  | No.                                     |   |  |  |   |  |
| First Name   | Middle Name                             | e   | Contribution Received For:   |  | Amount of Contribution                          |  |
| First Name  Last Name/Organization Name  | Middle Nam                              | e   | _  | General Election   | Amount of Contribution                          |  |
|  | Middle Nam                              | е   |  | General Election   | Amount of Contribution                          |  |
| Last Name/Organization Name  | Middle Name                             | e Zip Code                                    | Primary Election   | General Election   | Amount of Contribution  Aggregate This Election |  |
| Last Name/Organization Name  Address   |   |   | ☐ Primary Election ☐ Runoff (Local Election  | General Election   |   |  |
| Last Name/Organization Name  Address  City   |   |   | ☐ Primary Election ☐ Runoff (Local Election  | General Election   |   |  |
| Last Name/Organization Name  Address  City  Occupation   | State                                   | Zip Code                                      | Primary Election   | General Election   | Aggregate This Election                         |  |
| Last Name/Organization Name  Address  City  Occupation  Employer  First Name   |   | Zip Code                                      | Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:   | General Election   |   |  |
| Last Name/Organization Name  Address  City  Occupation  Employer   | State                                   | Zip Code                                      | Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:   | General Election   | Aggregate This Election                         |  |
| Last Name/Organization Name  Address  City  Occupation  Employer  First Name   | State                                   | Zip Code                                      | Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:   | General Election  Solve of the control of the contr | Aggregate This Election                         |  |
| Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name                | State                                   | Zip Code                                      | Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:   | General Election  Solve of the control of the contr | Aggregate This Election                         |  |
| Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name  Address       | State  Middle Nam                       | Zip Code                                      | Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:  Primary Election  Runoff (Local Election | General Election  Solve of the control of the contr | Aggregate This Election  Amount of Contribution |  |
| Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name  Address  City | State  Middle Nam                       | Zip Code                                      | Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:  Primary Election  Runoff (Local Election | General Election  Solve of the control of the contr | Aggregate This Election  Amount of Contribution |  |

# **ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE**

| 1. NAME OF CANDIDATE OR C   | OMMITTEE                                |          |                               |  | <ol><li>REPORT COVER</li></ol> |                                |  |  |  |
|---|---|----------|-------------------------------|--|--------------------------------|--------------------------------|--|--|--|
|   |   |          |                               |  | FROM:                          | TO:                            |  |  |  |
| 3. TOTAL ITEMIZED IN-KIND CO  | Λ.                                      | Amount   |                               |  |                                |                                |  |  |  |
| 4. COMPLETE THE APPROPRIATE   |   |          |                               |  |                                |                                |  |  |  |
|   |   |          |                               | A STATE OF THE STA |                                |                                |  |  |  |
| First Name  | Midd                                    | dle Name | е                             | In-Kind Contribution Receive Primary Election  | d For:  General Election       | Value of In-Kind Contribution  |  |  |  |
| Last Name/Organization Name   |   |          |                               | Runoff (Local Elections Only)  |                                |                                |  |  |  |
| Address   |   |          |                               |  |                                |                                |  |  |  |
|   |   |          | Date of III-Nild Contribution |  | Aggregate this Election        |                                |  |  |  |
| City  | State Zip Code                          |          |                               | Description of In-Kind Contribution  |                                |                                |  |  |  |
| Occupation  | Occupation Employer                     |          |                               |  |                                |                                |  |  |  |
|   |   |          |                               |  |                                |                                |  |  |  |
| First Name  | Midd                                    | dle Name | 9                             | In-Kind Contribution Receive   |                                | Value of In-Kind Contribution  |  |  |  |
| Last Name/Organization Name   |   |          |                               | ☐ Primary Election ☐ General Election  |                                |                                |  |  |  |
|   | 7-12-1-12-1-12-1-12-1-12-1-12-1-12-1-12 |          |                               | Runoff (Local Election   | ns Only)                       |                                |  |  |  |
| Address   |   |          |                               | Date of In-Kind Contribution   |                                | Aggregate this Election        |  |  |  |
| City  | State                                   | е        | Zip Code                      | Description of In-Kind Contribution  |                                |                                |  |  |  |
| Occupation  | Employer                                |          |                               | -  |                                |                                |  |  |  |
| 30  |   |          |                               |  |                                |                                |  |  |  |
| First Name  | Midd                                    | dle Name |                               | In-Kind Contribution Receive   | d For:                         | Value of In-Kind Contribution  |  |  |  |
|   |   |          |                               |  | General Election               | Taile of in Taile Contribution |  |  |  |
| Last Name/Organization Name   |   |          | Runoff (Local Election        | ns Only)   |                                |                                |  |  |  |
| Address   |   |          | 3                             | Date of In-Kind Contribution   |                                | Aggregate this Election        |  |  |  |
| City  | State                                   | е        | Zip Code                      | Description of In-Kind Contribution  |                                |                                |  |  |  |
| Occupation  | Employer                                |          |                               |  |                                |                                |  |  |  |
|   | Zinployor                               |          |                               |  |                                |                                |  |  |  |
| First Name  |   |          |                               |  |                                |                                |  |  |  |
| First Name  | Midd                                    | dle Name | е                             | In-Kind Contribution Receive Primary Election  | d For:  General Election       | Value of In-Kind Contribution  |  |  |  |
| Last Name/Organization Name   |   |          |                               | Runoff (Local Election   |                                |                                |  |  |  |
| Address   |   |          |                               | Date of In-Kind Contribution   | ns Only)                       | Aggregate this Election        |  |  |  |
| 2   |   |          |                               | 1 500 to 10 10 10 10 10 10 10 10 10 10 10 10 10  |                                | Aggregate tris Election        |  |  |  |
| City  | State                                   | е        | Zip Code                      | Description of In-Kind Contribution  |                                |                                |  |  |  |
| Occupation  | Employer                                |          |                               | 1  |                                |                                |  |  |  |
|   |   |          |                               |  |                                |                                |  |  |  |
| First Name  | Midd                                    | le Name  |                               | In-Kind Contribution Receiv  | _                              | Value of In-Kind Contribution  |  |  |  |
| Last Name/Organization Name   |   |          |                               | 1 = -  | General Election               |                                |  |  |  |
| Address   |   |          |                               | Runoff (Local Election   | ns Only)                       |                                |  |  |  |
| Address   |   |          |                               | Date of In-Kind Contribution   |                                | Aggregate this Election        |  |  |  |
| City  | State                                   |          | Zip Code                      | Description of In-Kind Contribution  |                                |                                |  |  |  |
| Occupation  | Employer                                |          |                               |  |                                |                                |  |  |  |
|   |   |          |                               |  |                                |                                |  |  |  |
| 5. TOTAL ITEMIZED IN-KIND C   |   |          |                               |  |                                |                                |  |  |  |
| (Carry forward to item 3. of next page<br>(If this is the last page of in-kind contri |   |          |                               | y.)  |                                |                                |  |  |  |
| SS 1128 (Pay 2/06)  |   |          |                               |  |                                |                                |  |  |  |

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE  |                               |                                    |                        | 2. REPORT COVER | ING THE PERIOD        |
|--|-------------------------------|------------------------------------|------------------------|-----------------|-----------------------|
|  | FROM:                         | TO:                                |                        |                 |                       |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITU   | ne)                           | Amount                             |                        |                 |                       |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EA   |                               |                                    |                        |                 | od)                   |
| First Name   | Middle Nam                    |                                    | Purpose of Expenditure |                 | Amount of Expenditure |
| Last Name/Business Name  | ,                             |                                    |                        |                 |                       |
| Address  |                               |                                    |                        |                 |                       |
| City   | State                         | Zip Code                           |                        |                 |                       |
| First Name   | me Middle Name                |                                    |                        |                 | Amount of Expenditure |
| Last Name/Business Name  |                               |                                    |                        |                 |                       |
| Address  |                               |                                    |                        |                 |                       |
| City   | State                         | Zip Code                           |                        |                 |                       |
| First Name   | Middle Nam                    | e                                  | Purpose of Expenditure |                 | Amount of Expenditure |
| Last Name/Business Name  |                               |                                    |                        |                 |                       |
| Address  |                               |                                    |                        |                 |                       |
| City   | State                         | Zip Code                           |                        |                 |                       |
| First Name Middle Name   |                               |                                    | Purpose of Expenditure |                 | Amount of Expenditure |
| Last Name/Business Name  |                               |                                    |                        |                 |                       |
| Address  |                               |                                    |                        |                 |                       |
| City   | State Zip Code                |                                    |                        |                 |                       |
| First Name   | Middle Nam                    | 9                                  | Purpose of Expenditure | 4               | Amount of Expenditure |
| Last Name/Business Name  |                               |                                    |                        |                 |                       |
| Address  | 1                             |                                    |                        |                 |                       |
| City   | State                         | Zip Code                           |                        |                 |                       |
| First Name   | Middle Nam                    | 9                                  | Purpose of Expenditure |                 | Amount of Expenditure |
| Last Name/Business Name  |                               |                                    |                        |                 |                       |
| Address  |                               |                                    |                        |                 |                       |
| City   | State                         | Zip Code                           |                        |                 |                       |
| TOTAL ITEMIZED EXPENDITURES     (Carry forward to item 3. of next page if additional pages     (If this is the last page of expenditures, this amount must | of this form a<br>be shown in | re used.)<br>tem 19b. of summary.) |                        |                 |                       |

#### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

| 1. NAME OF CANDIDATE OR COMMITTEE                                 |                             |                |                               |  |                             |                        |                   | REPORT<br>OM: | COVER       | ING TO: | THE PERIOD                               |  |
|---|-----------------------------|----------------|-------------------------------|--|-----------------------------|------------------------|-------------------|---------------|-------------|---------|--|--|
| 3. COMPLETE THE APP   | PROPRIATE ITEMS F           | OR EACH I      | TEMIZ                         | ZED LOAN (   | loans totaling n            | nore than \$100        | ) from any source | during the po | eriod)      |         |  |  |
| Complete the Following for t                                      | the Source of the Loan      |                |                               |  |                             |                        |                   |               |             |         |  |  |
|   |                             |                | Outstanding L<br>(Beginning o | Loan Balance of Period)         Loans         Loan Payments         Qutstanding Loan Balan (End of Period) |                             |                        |                   |               |             |         |  |  |
| Last Name/Organization Name                                       |                             |                |                               |  |                             |                        | n                 |               |             |         |  |  |
|   |                             |                |                               | Loan Receive   | ed For:                     |                        |                   | Date of Lo    | an          |         |  |  |
| City  | State                       | Zip Code       |                               | Primary Election General Election  Runoff (Local Elections Only)   |                             |                        |                   |               |             |         |  |  |
|   | List All Endo               | rsers or Guara | antors f                      | or Above Loa   | n (If more spa              | ce is neede            | d please attach   | a page)       |             |         |  |  |
| First Name  |                             | Middle Name    | 9                             |  | First Name                  |                        |                   | Middle Name   |             |         |  |  |
| Last Name/Organization Name                                       |                             |                |                               |  | Last Name/Or                | ganization Na          | me .              |               |             |         |  |  |
| Address   |                             |                |                               |  | Address                     |                        |                   |               |             |         |  |  |
| City  |                             | State          | Zip C                         | ode  | City                        |                        |                   |               | State       |         | Zip Code                                 |  |
| Amount Guaranteed Outstanding                                     | 9                           | -              |                               |  | Amount Guara                | nteed Outstan          | nding             |               |             |         |  |  |
| First Name  | First Name Middle Name      |                |                               |  | First Name Middle Name      |                        |                   |               |             |         |  |  |
| Last Name/Organization Name                                       |                             | •              |                               |  | Last Name/Organization Name |                        |                   |               |             |         |  |  |
| Address   |                             |                |                               |  | Address                     |                        |                   |               |             |         |  |  |
| City  |                             | State          | Zip C                         | Code   | City                        |                        |                   | 2             | State       |         | Zip Code                                 |  |
| Amount Guaranteed Outstanding                                     | 9                           | •              | •                             |  | Amount Guara                | nteed Outstan          | nding             |               |             |         |  |  |
| First Name  |                             | Middle Name    | е                             |  | First Name                  |                        | Accessor          |               | Middle      | e Name  | 9  |  |
| Last Name/Organization Name                                       |                             |                |                               |  | Last Name/Organization Name |                        |                   |               |             |         |  |  |
| Address   |                             |                |                               |  | Address                     |                        |                   |               |             |         |  |  |
| City  |                             | State          | Zip C                         | Code   | City                        |                        |                   | F1            | State       |         | Zip Code                                 |  |
| Amount Guaranteed Outstanding                                     | 9                           |                |                               |  | Amount Guara                | nteed Outstan          | nding             |               | -           |         | I  |  |
| First Name  |                             | Middle Name    | 9                             |  | First Name                  | First Name Middle Name |                   |               |             |         |  |  |
| Last Name/Organization Name                                       |                             |                |                               |  | Last Name/Or                | ganization Na          | me                |               | -           |         | 34                                       |  |
| Address   |                             |                |                               |  | Address                     |                        |                   | 9             |             |         |  |  |
| City  |                             | State          | Zip C                         | Code   | City                        |                        | 7                 |               | State       |         | Zip Code                                 |  |
| Amount Guaranteed Outstanding                                     | 9                           |                |                               |  | Amount Guara                | inteed Outstar         | nding             |               |             |         |  |  |
| 4. Totals for all Loans (cor<br>(Total loans received should al   |                             |                |                               |  | Outstanding L<br>(Beginning |                        | Loans<br>Received |               | an<br>ments | Outs    | standing Loan Balance<br>(End of Period) |  |
| (Total loan payments should al<br>(Total outstanding loan balance | lso be shown in item 20. on | summary page.  | .)                            |  | (==919                      |                        | 1.3001700         | , ayı         |             |         | (End of Fellou)                          |  |



#### **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

| 1. NAME OF CANDIDATE OR COMMITTEE   | 2. REPORT COVERING THE PERIOD |                 |  |                              |                         |  |
|---|-------------------------------|-----------------|--|------------------------------|-------------------------|--|
|   |                               |                 |  | FROM:                        | TO:                     |  |
| <ol> <li>COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED<br/>OBLIGATION (obligations totaling more than \$100 owed to any<br/>person/vendor at the end of the reporting period)</li> </ol> |                               |                 | Outstanding Balance<br>(Beginning of Period) | Debt Incurred<br>This Period | Payments<br>This Period | Outstanding Balance<br>(End of Period) |
| First Name  | Middle Name                   |                 |  |                              |                         |  |
| Last Name/Business Name   |                               |                 |  |                              |                         |  |
| Address   |                               | -               |  |                              |                         |  |
| City  | State Zip Code                |                 |  |                              |                         |  |
| Description of Obligation   |                               | <b>L</b>        |  |                              | -                       |  |
| First Name  | Middle Nar                    | me              | T  |                              |                         |  |
| Last Name/Business Name   |                               |                 |  |                              |                         |  |
| Address   |                               |                 |  |                              |                         |  |
| City  | State                         | Zip Code        | 1  |                              |                         |  |
| Description of Obligation   |                               |                 |  |                              |                         |  |
|   | 7.5. 17                       |                 | 4  |                              |                         |  |
| First Name  | Middle Name                   |                 |  |                              |                         |  |
| Last Name/Business Name   |                               |                 |  |                              |                         |  |
| Address   | ,                             |                 |  |                              |                         |  |
| City  | State                         | Zip Code        |  |                              |                         |  |
| Description of Obligation   |                               |                 |  |                              |                         |  |
| First Name  | Middle Nar                    | me              |  | Premotes and the second      |                         |  |
| Last Name/Business Name   | <u> </u>                      |                 | +  |                              |                         |  |
| Address   |                               |                 |  |                              |                         |  |
| City  | State                         | Zip Code        |  |                              |                         |  |
| Description of Obligation   |                               |                 | 3  |                              | L                       |  |
| First Name  | Middle Nar                    | me              |  |                              |                         |  |
| Last Name/Business Name   |                               |                 |  |                              |                         |  |
|   |                               |                 | *  |                              |                         |  |
| City  | Address                       |                 |  |                              |                         |  |
| Description of Obligation   | State                         | Zip Code        | 1.   |                              |                         | 5                                      |
|   |                               |                 |  |                              |                         |  |
| 4. TOTALS (Total from Outstanding Balance - (End of Period) of  | column mus                    | t also be shown |  |                              |                         |  |
| in item 23b. on summary page.)  |                               |                 |  |                              |                         |  |